

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
STATE POLICE RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Member _____
2. Membership No. _____ 3. Social Security No. _____
4. Date service terminated ____/____/____. *Applicant will not render any service to, or earn salary from this agency after date service terminated.*
5. Was member dismissed, or under suspension or formal indictment? ☐ Yes ☐ No **IF YES, ATTACH EXPLANATION.**
6. List absences of one month or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATES OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATES OF ABSENCE (FROM — TO)
	TO		TO
	TO		TO
	TO		TO

7. Base salary subject to pension fund contributions paid for the last twelve months of service ending on the date of termination (*line 4 above*); please list number of months at the particular salary range and show a total of twelve months.

ANNUAL RATE OF SALARY	ANNUAL RATE OF MAINTENANCE	DATES		TOTAL
\$ _____	\$ _____	from _____	to _____	\$ _____
\$ _____	\$ _____	from _____	to _____	\$ _____
\$ _____	\$ _____	from _____	to _____	\$ _____
\$ _____	\$ _____	from _____	to _____	\$ _____

TOTAL BASE SALARY PAID FOR LAST TWELVE MONTHS OF SERVICE \$ _____

8. Has the member received an annual salary increase of 15% or more in the last 3 years? ☐ Yes ☐ No **If yes, please provide a detailed explanation with documentation.**

9. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

BI-WEEKLY SALARY INCREASED		INCREASE RETROACTIVE TO		GROSS RETROACTIVE SALARY CHECK PAID TO MEMBER
FROM	TO	PAY PERIOD #	YEAR	
\$ _____	\$ _____			\$ _____
\$ _____	\$ _____			\$ _____
\$ _____	\$ _____			\$ _____

Completed by _____

Phone Number _____

Superintendent or
Representative _____

Date _____

INSTRUCTIONS

This form must be completed when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.

- ITEM 5:** If member was dismissed, under suspension or formal indictment, place an (X) in the YES block and attach an explanation with documentation. This information is required before processing the retirement application.
- ITEM 7:** Indicate the following: (1) annual rate of salary, (2) annual rate of maintenance, (3) the beginning and ending dates of the annual rate, and (4) the total base salary for the period. A total of 12 months of salary must be indicated.
- ITEM 8:** If the member had a salary increase of 15% or more within the last 3 years of membership, attach a detailed explanation of why this increase was granted, with documentation. This information is required before processing the retirement application.
- ITEM 9:** Indicate the amount of any retroactive salary increases within the last 3 years with the beginning and ending dates for each increase.

WORKERS' COMPENSATION

An application for retirement will be accepted while the member is receiving periodic benefits under the Workers' Compensation law. Pension contributions must continue, if required, up to the effective date of retirement. Please attach an official statement of the Workers' Compensation award showing the amount of periodic benefits with the beginning and ending dates of the benefits awarded. If the member is retiring under an Accidental Disability Retirement, the unpaid balance of the award on the date of retirement will be used to reduce the member's retirement allowance on a dollar-for-dollar basis.

**SUBMIT THIS CERTIFICATION TO: RETIREMENT BUREAU
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295**